

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 763014 RECEIPT DATE: 02 / 15 / 01
IA NUMBER: PCT/ JP00 / 03911 IA FILING DATE: 06 / 15 / 00
FAMILY NAME: WAKITA DELAY WAIVED (Y/N): Y
GIVEN NAME: MAKI DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 18 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 10MC-0039 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2155683100
FAX

NAME: MICHAEL J SWOPE

STREET: ONE LIBERTY PLACE 46TH FLOOR

CITY: PHILADELPHIA

STATE/COUNTRY: PA ZIP: 19103

EMAIL:

APPLICATION TITLES:

CARD TYPE MAGNETIC RECORDING DEVICE

TAB TO LAST POSITION, PUSH SEND